Pre-Tax Medical Insurance Premium Payroll Deduction: Election & Waiver Form

This form is required if you elect medical coverage.

EMPLOYEE NAME	EMPLOYEE ID NUMBER

☐ **YES,** I do elect to participate in the Pre-Tax Plan. The District is authorized to reduce my income as necessary to pay my share of the cost for medical benefits with pre-tax dollars, in accordance with the terms of the Plan.

The effective date of the pre-tax election will be **ONE** of the following (***check the appropriate box***):

- ☐ My first payroll deduction as a new employee.
- ☐ My first payroll deduction if newly enrolling in medical (qualifying event)
- ☐ December 31 payroll if enrolling in a medical plan beginning January 1 (open enrollment)
- ☐ December 31 payroll if electing to change from an after-tax to pre-tax deduction

☐ **NO,** I do not wish to enroll in the Pre-Tax Plan. Deduct my premium contributions for my share of the cost for medical benefits **after** state and federal taxes have been withheld.

I also understand that I will only be able to elect coverage under the Pre-Tax Plan in the future during the annual open enrollment periods. The annual effective date will be the December 31 payroll if this form is received in the Benefits office no later than December 15.

Employee Name: _____

Print Name

Signature: _____ ***Date Signed***: _____